Illinois Department of Public Health (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: __ B. WING 11/13/2019 IL6001291 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 410 NORTH SECOND STREET **MARSHALL REHAB & NURSING** MARSHALL, IL 62441 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID COMPLETE (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) S 000 S 000 Initial Comments First Probationary Licensure Survey S9999 \$9999 Final Observations Licensure Violation: Section 300.686 Unnecessary, Psychotropic, and Antipsychotic Drugs A resident shall not be given unnecessary drugs in accordance with Section 300.Appendix F. In addition, an unnecessary drug is any drug used: in an excessive dose, including in 1) duplicative therapy; 2) for excessive duration; without adequate monitoring; 3) without adequate indications for its use; or 4) in the presence of adverse consequences that indicate the drugs should be reduced or discontinued. (Section 2-106.1(a) of the Act) Psychotropic medication shall not be prescribed or administered without the informed consent of the resident, the resident's guardian, or other authorized representative. (Section Attachment A 2-106.1(b) of the Act) Additional informed consent is not required for reductions in dosage level or Statement of Licensum Violations deletion of a specific medication. The informed consent may provide for a medication administration program of sequentially increased doses or a combination of medications to

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Electronically Signed

TITLE

(X6) DATE 12/10/19

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
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		IL6001291	B. WING		11/13/2019	
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\$9999	establish the lowes achieve the desired effects of the medic c) Residents so drugs unless antips necessary, as docucomprehensive assuspected condition documented in the the possibility of on accordance with Sed (a) Residents with Sed (b) Residents with Sed (c) Residents with Sed (c) Residents with Sed (c) Residents with Sed (c) Begin accordance for the pure of the pure	t effective dose that will t therapeutic outcome. Side cations shall be described. shall not be given antipsychotic sychotic drug therapy is mented in the resident's sessment, to treat a specific or n as diagnosed and clinical record or to rule out e of the conditions in ection 300.Appendix F. who use antipsychotic drugs al dose reductions and ons, unless clinically an effort to discontinue these be with Section 300.Appendix poses of this Section: drug therapy" means any uplicates a particular drug ent without any demonstrative are from the same drug at have a sedative effect. Dic medication" means used for or listed as used for lepressant, antimanic or or modification or behavior oses in the latest edition of the ons (Drug Evaluation rican Medical Association, Vols.	\$9999			

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PRINTED: 01/29/2020 FORM APPROVED Illinois Department of Public Health (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: AND PLAN OF CORRECTION COMPLETED A. BUILDING: ___ B. WING IL6001291 11/13/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **410 NORTH SECOND STREET MARSHALL REHAB & NURSING** MARSHALL, IL 62441 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5)(X4) ID ID (EACH CORRECTIVE ACTION SHOULD BE COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) DATE CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) S9999 Continued From page 2 S9999 Hospital Formulary Service Drug Information 1995 (American Society of Health Systems Pharmacists, 1995), or the Physician's Desk Reference (Medical Economics Data Production Company, 49th Edition, 1995) or the United States Food and Drug Administration approved package insert for the psychotropic medication. (Section 2-106.1(b) of the Act) "Antipsychotic drug" means a neuroleptic drug that is helpful in the treatment of psychosis and has a capacity to ameliorate thought disorders. (Source: Added at 20 III. Reg. 12208, effective September 10, 1996) These requirements are not met as evidenced by: Based on interview and record review, the facility failed to assess and monitor the use of psychotropic medications and failed to ensure that residents are not receiving "Duplicative drug therapy" for four residents (R1,R2,R3,R6) of six residents reviewed for psychotropic medications in a sample list of six residents. Findings include: The facility's policy "Psychotropic Drug Use" revised 11/5/19 states "It is the policy of our facility that psychotropic drug therapy will be used only when it is necessary to treat a specific

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condition, 5. Nursing documentation must include a description of target symptom(s), their frequency, and expected outcomes so the attending physician can determine if the medications are working effectively. 6. The attending physician will evaluate and document

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMF	SURVEY
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S9999	conclusions about medication and the current dosage, or medication." 1. R3's Physician of 11/12/19 includes the diagnoses: Anxiety Syndrome, and Maclinical record docutacility on 10-10-19 R3's Physician Ordincludes the following medications: Mirtar milligrams at bed ti (Antidepressant) 20 Buspar 10 (antiant Temazepam (benzodiazapine and hours as needed for Ativan (benzodiazapine and hours as neede	the effectiveness of the need to continue or adjust the discontinue or change the following medical post Traumatic Stress properties and properties and the discontinue of the disco	S9999			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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S9999	milligrams every six The package inser "Drug Interactions: Depressants: If Xacombined with other anticonvulsant drug should be given to agents to be employ compounds which benzodiazepines. It alprazolam, product effects when coadr psychotropic medic (Neuroleptics), anti- drugs which thems depression." R3's progress note to the facility 10/10 (MDS) documents this admission MD no documentation assessment for R3 of identification or for R3's psychotropy documentation the non-pharmacologic documentation by medical necessity antianxiety medical medical necessity (PRN) antianxiety recognized limit of includes an interve- 10/24/19 document Involuntary Movem	A hours as needed for nausea. It for Xanax (alprazolam) states Use with Other CNS hax Tablets are to be er psychotropic agents or gs, careful consideration the pharmacology of the oyed, particularly with might potentiate the action of The benzodiazepines, including the additive CNS depressant ministered with other teations, anticonvulsants whistaminics, ethanol and other telves produce CNS I documents R3 was admitted 19. R3's Minimum Data Set "Due 10/23/19" As of 11/13/19 S was not completed. There is of a psychotropic medication There is no documentation tracking of targeted behaviors bic medication. There is no facility attempted cal interventions. There is no a physician to demonstrate the for continued use of as needed medications past the 14 days. R3's care plan entional approach entry dated iting "AIMS (Abnormal ment) assessment every six no documentation of an AIMS	S9999			

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Illinois Department of Public Health (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: _ B. WING IL6001291 11/13/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 410 NORTH SECOND STREET **MARSHALL REHAB & NURSING** MARSHALL, IL 62441 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (X5)COMPLETE (EACH CORRECTIVE ACTION SHOULD BE (EACH DESIGNER MUST BE PRECEDED BY FULL) PREFIX **PREFIX** CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) S9999 Continued From page 5 S9999 On 11/12/19 at 2:00PM, a request was given to V1, Administrator, for copies of any assessments, behavior tracking, or documentation related to R3's psychotropic medication. On 11/13/19 at 10:00AM V1, Administrator, stated "We are still looking for that." On 11/13/19 at 2:30 PM V1. Administrator stated "We don't have any additional documentation of psychotropic medication for (R3)." No additional documentation was provided. 2. R6's November 2019 Physician Order Summary (POS) documents an admission date of 8/26/19 from an acute hospital and a readmission date of 9/6/19. R6's medical diagnoses include **Unspecified Dementia with Behavioral** Disturbances, Cerebral Infarction Due to Thrombosis of Left Middle Cerebral Artery, Other Specified Mental Disorders Due to Known Physiological Condition, Unspecified Atrial Fibrillation, and Schizophrenia. R6's Minimum Data Set (MDS) dated 9/18/19 documents R6 had moderate cognitive impairment, inattention, no indicators of psychosis and no behavioral symptoms. This MDS documented R6 had been receiving a hypnotic medication seven days of the assessment period. R6 was not receiving antipsychotic medications at that time. This MDS documents R6 suffered a stroke with hospitalization, and was receiving skilled occupational and physical therapy. R6's Behavior Note dated 10/24/19 at 3:28 am documents, "Pt (Patient) exhibiting agitation/anxiety/restlessness/yelling out for various reasons. Repetitive behaviors of yelling "help". Attempted repeatedly by staff to redirect behaviors with hands on activities, offered

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Illinois Department of Public Health (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: _ B. WING 11/13/2019 IL6001291 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 410 NORTH SECOND STREET MARSHALL REHAB & NURSING MARSHALL, IL 62441 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5) (X4) ID: (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) S9999 \$9999 Continued From page 6 fluids/food, toileted. Unable to console Pt with met needs. Pt unable to verbalize what his need for "help" is. As staff tries to effectively communicate with pt, he interrupts staff with continued velling "help, please help". Pt has difficulty with participation in activities and with therapies due to continued restless agitated behaviors. Pt Dx (diagnosis) dementia with severe cognitive impairment and noted inability to recall information within seconds after information given. Dr (Doctor V10) made aware of increased agitation and behavioral disturbances. Asked MD (Medical Doctor) for med review and possible changes to medications to stabilize pt." R6's Administration Note dated 10/24/19 at 8:05 am documents to "Give Seroquel tablet 25 mg at bedtime for dementia related to other specified mental disorders due to known physiological condition. New order to d/c (discontinue) received late today. ' The original Medication Order Note is dated 9/10/19 and documents a new order for Quetiapine Fumarate (Seroquel) 25 mg give by mouth two times a day for dementia. On 10/31/19, R6's Nursing Progress note documents, "Resident continues to yell out loudly "Help Me" unable to state what he needs help with. Unable to calm resident down with food, activities, drinks will continue to monitor. " R6's Physician's Order dated 11/1/19 for the antipsychotic Seroquel 25 milligram (mg) tablet by mouth two times a day for schizophrenia. R6 also has a physician order dated 9/6/19 for Trazadone HCL 50 mg tablet by mouth at bedtime (for depression).

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R6's Medical Record did not document an initial

Illinois Department of Public Health (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: __ B. WING IL6001291 11/13/2019 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 410 NORTH SECOND STREET **MARSHALL REHAB & NURSING** MARSHALL, IL 62441 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PRÉFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) S9999 Continued From page 7 S9999 Psychoactive Medication Evaluation for the Seroquel to assess the diagnosis, medical symptoms and behaviors warranting the use of the antipsychotic medication. There was no AIMS (Abnormal Involuntary Movement) assessment for baseline symptoms, and no documentation of non pharmalogical interventions tried prior to the initiation of the medication. R6 did not have any specific targeted behavior tracking documented to monitor the effectiveness of Seroquel. There were some documented episodic progress notes related to behavior that R6 was not easily redirected that included: 9/21/19 -R6 making repetitive statements to call son to come get R6. 10/6/19 -R6 was at the nurses station in wheelchair asking staff to help get R6 out of here and call R6's son. The note states "He has been begging all staff to do this over and over again." 10/24/19 -R6 was exhibiting agitation, anxiety, restlessness yelling out for various reasons. Repetitive behaviors of calling for help but not able to verbalize what the need for help is. 10/31/19: Resident continues to yell out loudly "Help Me" unable to state what he needs help with. Unable to calm resident down with food, activities, drinks. 11/12/19 - The nursing progress note states R6 has had no episodes of yelling this shift and documented R6's speech continues to be garbled. There were no documented episodes to indicate that R6 was a danger to himself or others. There was a Drug to Drug interaction flagged in the electronic record on 11/1/19 related to the use of Seroquel and Trazadone concurrently that was also not documented as assessed. On 11/1/19 a medication Administration Note

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states "The order you have entered Seroquel

Illinois Department of Public Health (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: _ B. WING IL6001291 11/13/2019 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 410 NORTH SECOND STREET **MARSHALL REHAB & NURSING** MARSHALL, IL 62441 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5)(X4) ID COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE **PREFIX** PRÉFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) S9999 S9999 Continued From page 8 Tablet 25 mg Give 1 tablet by mouth two times a day for Schizophrenia has triggered the following drug protocol alerts/warnings: Drug to Drug Interaction. The system has identified a possible drug interaction with the following orders Trazadone HCL Tablet 50 mg Give by mouth at bedtime for antidepressant. Severity: Severe, Interaction: Additive QT (measures cardiac electrical properties) interval prolongation may occur during coadministration of Trazadone HCL 50 mg and Seroquel Tablet 25 mg. Coadministering Trazadone HCL Tablet 50 mg with agents that prolong the QT interval should be avoided according to the official package labeling of Trazadone HCL Tablet 50 mg." There was no documentation indicating the physician V10 was made aware of the potential drug interactions. Social Service Progress Notes dated 11/4/19 documents "(R6) is now receiving Seroquel 25 BID (twice per day)." The Social Service note states "(R6) has some cognition impairment noted. (R6) is depressed because he needs help and doesn't know why. (R6) needs help. (R6) is having trouble sleeping and is tired daily. (R6) has trouble concentrating. Behaviors notes are (R6's) constant vocal disruption to other residents. Several interventions have been tried offering snacks, liquids, one to one time, busy table and calling family." R6's Care Plan initiated 10/4/19 documents "I, (R6) have an impaired cognitive function rt (related to) Dementia. The Goal: (R6) will be able to communicate basic needs on a daily basis. The interventions include: "Administer ANTIPSYCHOTIC medications as ordered by physician. Monitor/document side effects and

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effectiveness Q-Shift (every shift)."

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Illinois Department of Public Health (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY STATEMENT OF DEFICIENCIES COMPLETED **IDENTIFICATION NUMBER:** AND PLAN OF CORRECTION A. BUILDING: __ B. WING 11/13/2019 IL6001291 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 410 NORTH SECOND STREET **MARSHALL REHAB & NURSING** MARSHALL, IL 62441 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5)(X4) ID (EACH CORRECTIVE ACTION SHOULD BE COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PRÉFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) S9999 S9999 Continued From page 9 On 11/13/19 at 8:40 am R6 had fallen partially out of a low bed onto a floor mat requiring staff intervention. R6 was seated in a wheelchair in the dining room on 11/13/19 at 12:30 pm with eyes closed. R6 had right arm and right leg impairment. At 12:45 pm R6 was feeding self lunch with left hand. R6 did not verbalize much when spoken to. On 11/13/19 at 2:00 pm R6 was asleep in a low bed. Physical Therapy Assistant, V11, stated on 11/13/19, that R6 was discontinued from skilled therapy because of R6's cognitive impairment from his stroke. V11 stated 98 percent of the time R6 doesn't realize R6 has had a stroke and doesn't understand why R6 needed therapy believing he can function independently. The Administrator V1 confirmed on 11/13/19 at 2:15 PM that the facility had no psychotropic assessment or evaluations for R6's Seroquel use. V1 stated the only Psychotropic Medication Consent for the use of the Seroquel was a documented verbal/telephone consent obtained from R6's family member on 11/1/19. R6's 11-1-19 consent documents a Black Box Warning which states "Antipsychotic: To treat behavior problems such as combativeness, explosiveness, manic behaviors and treatment of psychotic disorders." The consent listed possible side effects such as Drowsiness, Dizziness and Restlessness. The Black Box Warning states "Elderly patients with dementia related psychosis treated with antipsychotic's are at an increased risk of death compared to placebo. " Interim Director of Nurses, V2, confirmed on 11/13/19 at 4:00 pm that there were no

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Antipsychotic Comprehensive Assessments or

PRINTED: 01/29/2020 **FORM APPROVED** Illinois Department of Public Health (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: _ B. WING IL6001291 11/13/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 410 NORTH SECOND STREET **MARSHALL REHAB & NURSING** MARSHALL, IL 62441 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5)(EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFIX PRÉFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) S9999 Continued From page 10 S9999 specific behavioral care plans for the use of Seroquel for R6. 3. R2's Physician Order Summary reviewed 11/12/19 includes the following medical diagnosis: Insomnia. R2's "Antianxiety Medication Consent" dated 2/22/19 includes the diagnosis "Anxiety". R2's order summary dated 11/12/19 includes the following orders for psychotropic medications: Xanax (Benzodiazapine antianxiety) 0.5 milligrams every 24 hours PRN (as needed). Trazadone (antidepressant) 50 milligrams every evening for "Insomnia". There is no documentation of a psychotropic medication assessment for the use of Xanax or Trazadone for R2. There is no documentation of identification or tracking of targeted behaviors for R2's psychotropic medication. There is no documentation the facility attempted non-pharmacological interventions. There is no documentation by a physician of the medical necessity for the continued use of as needed (PRN) antianxiety medications past the recognized limit of 14 days. R2's Care Plan reviewed 7/5/19 does not include interventions for anxiety, insomnia, or psychotropic medications.

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On 11/13/19 at 2:30 PM V1, Administrator, stated "We don't have any additional documentation of psychotropic medication for (R2)." No additional

4. R1's Physician Order Summary reviewed 11/12/13 includes the following medical diagnosis: Anxiety. R1's order summary dated 11/12/19 includes the following orders for psychotropic medications: Ativan 1milligram at bedtime daily.

There is no documentation of a psychotropic

documentation was provided.

Illinois Department of Public Health (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: B. WING _ IL6001291 11/13/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 410 NORTH SECOND STREET **MARSHALL REHAB & NURSING** MARSHALL, IL 62441 (X5) COMPLETE SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX PRÉFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) S9999 Continued From page 11 S9999 medication assessment for R1. There is no documentation of identification or tracking of targeted behaviors for R1's psychotropic medication. There is no documentation the facility attempted non-pharmacological interventions, R1's Care Plan reviewed 6/17/19 does not include behavioral interventions or psychotropic medications. On 11/13/19 at 2:30 PM V1, Administrator, stated "We don't have any additional documentation of psychotropic medication for (R1)." No additional documentation was provided. (B)

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